U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as americed. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

PLASTITE TO THE PERSON OF THE	
1. File Number 11 - 2520 3	2. Fiscal Year Covered From.
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name CHRISTOPHER A BELL	Name PLUMBERS & PEREFITTERS LOCAL 498
	Labor Organization File Number 037-254
P.O. Box, Bldg. Room No., if any	P.O. Box, Building and Room Number, if any P O Box E
Street 368 COUNTY ROAD 167	Street 3803 West Meighan Bldv.
City SECTION	City Gadsden
State Alabama ZIP Code + 4 35771	State Alabama ZIP Code + 4 35904
5. Position in labor organization. RECORDING SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or in firectly had any of the following interests (except as opecified in the exclusions set forth in the instructions):

		r derived income or other economic benefit of tion represents or is actively speking to represent.
6. Name and address of Employer (including tr	ade rame, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg. Room No., if any		
		7.b. Amount.
Street		
City		
State	ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable panalties of the law, that all of the information

submitted in this report (including the information contained in any accompanion undersigned's knowledge and belief, true, correct, and complete. (See the se		
and confidence and belief, true, control, and complete, toes the si	south on penalues in the instit	1.3 Clis. j
Signed My Airthur K. M.	on 3-13-06	786-228-4684
the state of the s	Date	Telephone Number
		·

Name of Person Filing (	CHRISTOPHER BELL	Ele Number U-
4 4	CHRISTOPHER BELL	1 10 1101101 0

8. Name and address of Business (including trade name, if arry).  Name GADSDIN-ANNISTON JATC  Trade Name, if any: N/A  P.O. Box, Bidg. Room No, if any P.O. Box E.  Street 3803 NEST MEIGHAN  Cay Gadsdien  State Allabarna ZIP Code + 4 35904  10. If 9b, or 9c is checked give trust or employers name  Name  Name  Name  Instructors TRAIN INC AT WASHTENAW COMMUTTY COLLEGE, ANN ARBOR, NICHIGAIT.  Trade Name, if any:  P.O. Box, Bidg. Room No, if any  Street  City  State ZIP Code + 4  11.b. Approximate dollar value of such dealing.  11.s. Nature of interest held or income received.  INSTRUCTORS SALAR?  12.a. Nature of interest held or income received.  INSTRUCTORS SALAR?	B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
Name  INSTRUCTORS TRAIN ING AT WASHTENAW COMMUITY COLLEGE, ANN ARBOR, MICHIGAIN.  P.O. Box, Bldg. Room No., if any  Street  City  11.b. Approximate dollar value of such dealing. \$2,445  12.a. Nature of interest held or income received. INSTRUCTORS SALARY	Name GADSDEN-ANNISTON JATC  Trade Name, if any: N/A  P.O. Box, Bldg., Room No., if any P O BOX E.  Street 3803 WEST MEIGHAN  City Gadsden	X a. Labor Organization b. Trust
City  State  ZIP Code + 4  11.b. Approximate dollar value of such dealing. \$2,445  12.a. Nature of interest held or income received.  INSTRUCTORS SALARY	Name Trade Name, if any:	INSTRUCTORS TRAIN NO AT WASHTENAW COMMUITY COLLEGE,
12.b. Amount. \$5,993	City	12.a. Nature of interest held or income received.
		12.b. Amount. \$5,993

or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.